Vol. 11 July 2002

MaineCare UPDATE
Health Care for Maine People

Vaccine Shortage Results In CDC Protocols, Prioritization

Due to the resulting shortages of some vaccines, DtaP, TD, MMR, and Pneumococcal Conjugate, the Centers for Disease Control and Prevention (CDC) is working closely with states and manufacturers to ensure equitable vaccine distribution and priority targeting of the vaccine to individuals with the highest risk of exposure and severe disease.

In response to this, CDC has developed vaccine ordering protocols for each state immunization project. This protocol restricts the number of doses per vaccine the Maine Immunization Program can order in one month. Until vaccine supplies are back to normal, Maine will be required to adhere to the ordering parameters set by this protocol. This will result in a reduction of vaccine available from the Maine Immunization Program to your practice.

Maine's vaccine allotment is based on a calculation using population by age group and **the interim ACIP recommendations** for each vaccine. Therefore, it is crucial that state supplied vaccine be administered according to these interim recommendations. This will help ensure that those at highest risk receive the vaccine they need.

In addition, the ACIP interim recommendations need to be used when considering your vaccine needs. Orders should be based on the highest risk populations as outlined below.

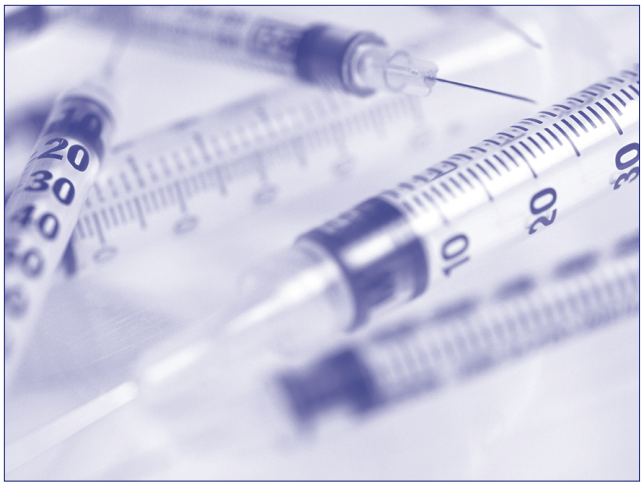
The Interim ACIP recommendations are:

DTAP:

Priority should be given to vaccinating infants with the first 3 doses.

To ensure an adequate supply of DtaP to vaccinate infants, providers should **first** defer vaccination of children aged 15 to 18 months with the fourth DtaP dose.

If deferring the fourth dose does not leave enough DtaP to vaccinate infants, then the fifth



DtaP dose (given to children aged 4 to 6 years) should also be deferred.

MMR:

Defer the second MMR dose.

Because of the severity of measles in young children, providers **should not delay administration of the first** dose of the MMR series.

PCV-7:

Highest priority should be given to vaccinating all infants less than 12 months and children 1-5 years who are at increased risk.

All providers should defer the vaccination of children older than 2 years except those 2 to 5 year olds who are at increased risk of pneumococcal disease).

Varicella:

All vaccine providers delay administration of the routine varicella from 12 to 18 months until 18 to 24 months.

continued on back.

Maine Department of Human Services
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Long-Term Care Immunization Results

The Bureau of Medical Services has done a survey of long-term care facilities to collect data regarding the administration status of residents for influenza and pneumonia immunizations. The guidelines for pneumococcal vaccination is that any one who was vaccinated prior to age 65 be revaccinated if five or more years have passed since the first dose. It also recommends that others at the highest risk of fatal infection get a second dose if at least five years have lapsed since the first dose. The recommendation for those whose status is unknown is to administer the vaccination to them. The recommendation for influenza vaccination is immunization of individuals that are at high risk, each influenza season, which is from October through mid-November (optimal time) on through March.This survey requests that each long-term care facility licensed by the State of Maine supply to the Bureau of Medical Services the immunization status of each of their MaineCare residents. Immunizations of residents in long term care facilities is offered to improve the health status of residents and prevent unnecessary hospitalizations for preventable illnesses and create a better quality of life for nursing home residents.

This year we had 100% return of our surveys. In 1999 we began bringing to the attention of long-term care facilities the importance of immunizations and have been monitoring the administration over a three-year period. Thanks to all of you we have had our first year of 100%. This is also the first year that there have been the facilities with 100% of their MaineCare residents immunized for influenza. When we began surveying facilities in 1999-2000 only 62% had been immunized for pneumonia and 80% immunized for influenza. This past season the percent of residents immunized for influenza has improved to 88% and those immunized for pneumonia to 77%.

Thanks to all of you for your participation in immunizing residents. Listed are the top 10 facilities who have improved the health status of residents through regular and timely immunizations by the percent of the facilities' population.

Influenza

Freeport Nursing and Rehab Center	100%
Sanford Health Care	100%
Sandy River health Care and Rehab	100%
Mountain Heights Health Care Facility	100%
Windward Gardens	100%
Brewer Head Injury Treatment	100%
Eastport Memorial Nursing Home	100%
Jackman Regional Health Center	100%
St. Andrews Hospital-Gregory Wing	100%
Penobscot Valley Hospital	100%

Pneumonia

Odd Fellows Home of Maine Health Center	100%
Freeport Nursing and Rehab Center	100%
Mountain Heights Health Care Facility	100%
Windward Gardens	100%
Jackman Regional Health Center	100%
Cedar Ridge Health Care and Rehab	98%
River Ridge	96%
Parkview Nursing and Rehab Services	96%
Coastal Manor	96%
Sebasticook Valley Health Care	96%

Congratulations to all of you and thank you for the excellent care that you provide to our MaineCare members.

Modifier-25 and OMT

As most of you are well aware, the Surveillance and Utilization Review Unit (SUR) recently sent out letters in March and April 2002 addressing correct coding issues. The primary focus of the correct coding initiative addressed the lack of modifiers when billing certain code combinations. Although only 30 physician practices were contacted, it became clear that the single most neglected code was "modifier-25." And specifically, this missing modifier was most prevalent when billing both Evaluation and Management (E/M) codes on the same date of service as the provision of Osteopathic Manipulative Treatment (OMT).

However, through a very small random selection of client records from our physicians, the SUR Unit quickly concluded that although "modifier–25" had not been coded on the claims, the two distinct services were well documented in most physicians' charts. Had "modifier-25" been properly coded on all claims, many of our letters would not have been sent.

If you have questions on coding modifiers you may contact our Provider Relations Specialists. Another resource may be the Maine Medical Association's monthly Bulletin which continues to devote an entire section, in each issue, to coding and modifiers.

Prevention, Health Promotion and Optional Treatment Services Benefit (formerly EPSDT) Assistance and Education Activities

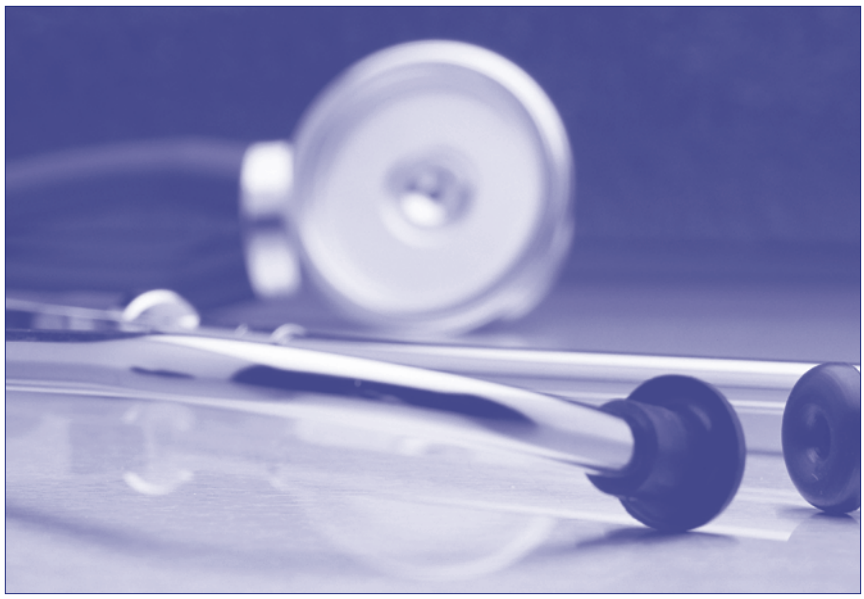
Services offered through this program include:

Informing Letters - These packets of information are sent to all new MaineCare members and include an explanation of benefit basics, emphasizing well child visits and gives instructions on how to get in touch with MaineCare Member Services for help in obtaining these benefits. In the past year 56,878 mailings have been sent out to these new members.

Periodicity Letters - These letters are sent to each member due for a periodic health exam. This letter explains the benefits of keeping the well child visit and gives instructions on how to get in touch with the MaineCare Member Services for help in obtaining these benefits. During the past year 103,413 of these notices have been sent to MaineCare members.

Turning 21 Letters - These letters are sent to members who have turned 21 to let them know that they will no longer be reminded of visit due dates.

Member Postcards - These are provided to members to let member services know if assistance is needed to find a provider, schedule appointments or transportation.



MaineCare Member Services – A toll free telephone number is provided to all MaineCare members to respond to questions, issues or concerns of any kind regarding MaineCare. MaineCare member services has responded to approximately 350 phone calls per day on a variety of topics including but not limited to:

- Questions regarding covered services
- Health care providers participating in MaineCare
- Available transportation services
- Prior authorization requests

MaineCare member services can be contacted by calling 1-800-977-6740 or for the deaf and hard of hearing 1-800-977-6744.

What guidelines does the Department implement regarding well child assessments?

In September of 1998, DHS, in partnership with our pediatric providers, adopted *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* into the then called Medicaid EPSDT Program. Specific health assessment components of a comprehensive well child exam were identified and compiled into a series of 19 age appropriate health assessment forms called "BF19s". For more information, Bright Futures has a Web site at the following address http://www.brightfutures.org

Periodicity Schedule (Well Child Visit)

1:	1-2 Weeks
2:	1 Month
3:	2 Months
4:	4 Months
5:	6 Months
6:	9 Months
7:	1 Year
8:	15 Months
9:	18 Months
10:	2 Years
11:	3 Years
12:	4 Years
13:	5 Years
14:	6 Years
15:	7-8 Years
16:	9-10 Years
17:	Early Adolescent (11-14 Years)
18:	Middle Adolescent (15, 16, 17 Years)
19:	Late Adolescent (18, 19, 20 Years)

*Up to 28 visits may be peformed during an individual's childhood.

Bright Futures Assessment Forms

Why does BMS return Bright Future Forms?

Nurses in the Health Care Management Unit review each BF19 as they arrive, both electronic and paper submissions.

Each form is evaluated in several areas:

- needed follow-up services for member's
- identify services to assist member's
- documentation of screenings, such as blood lead testing
- documentation of exam results
- documentation of immunizations given
- identification of the examiner
- member compliance, and identification of areas where education is needed

Why is this necessary ?

- To assure appropriate and timely health benefit administration to our members.
- To assist our providers to dispense health care, to "close the loop"so to speak, to ease their workload as much as possible.
- To promote ease of reaching Quality Assurance measures and goals both for the individual practices and our own QA requirements.

Most Common BF19 Return Reasons:	
Child cannot be accurately identified • no ID# and no Date Of Birth to match to the name • no ID #, and our system shows two or more children with same name and DOB • ID # belongs to another person and there is no DOB to match to the name.	We return these only when we have exhausted our resources. It is not uncommon to have two or more members with the same name and birth date in our system.
Date of visit missing.	Essential information both in QA measures and for billing.
Examiner's servicing provider number is missing and the child is not enrolled with a practice.	This information is used on the utilization report.
Nothing or not enough recorded in the body of the form.	Documentation of the visit is essential information for identifying all components of the Bright Futures standard of care are met.
Child was not on MaineCare on the visit date.	You are welcome to use these forms for all of your patients but for confidentiality reasons, send us the form only for our MaineCare members.
For ages 1 and 2 years, lead screening not recorded anywhere on the form.	Blood lead testing is federally required on every MaineCare child at least once by the age of 12 months and at least once again by the age of 24 months. We are looking for documentation that these requirements have been met. If the issue is not addressed on the 12 and 24 month BF19s, we send them back for the information.
Not signed by examiner.	The BF19 is a legal document that for QA purposes, [documentation standards] must be signed by the examine when submitted and/or retained in paper format.
Illegible comments.	Valuable information may be lost for readability.

MAINECARE BENEFIT FOR PEOPLE LIVING WITH HIV/AIDS

MaineCare is pleased to announce the implementation of a new benefit for people living with HIV/AIDS as of 07/01/02. This new benefit will allow members with incomes up to 250% of the Federal Poverty Level (FPL) to receive a broad set of services. In order to qualify for this benefit, an individual must: 1.) Test positive for HIV (with or without a diagnosis of AIDS); 2.) Have an individual income of up to or equal to 250% of the FPL, and: 3.) Sign an informed consent form that indicates they understand the requirements for getting this benefit. In order to continue to receive services, members must comply with treatment recommendations.

Standard MaineCare applications may be used to apply. Each has an area to indicate that the individual is applying for this benefit. A simple one page application specific to this benefit is also available. Applications are available from any DHS office. Proof of HIV status will be obtained by the Bureau of Health.

Covered services will include medications, HIV/AIDS treatment and counseling, ambulance, transportation to covered services, laboratory and radiology services, mental health and substance abuse services, physician and hospital services, and case management services. Some examples (not an exhaustive list) of non-covered services include medical supplies and durable medical equipment, physical and occupational therapy, nursing home care, podiatric and chiropractic services, and hospice care.

This benefit has a monthly premium that is tied to income level. There is also a $10 co-payment per 30-day supply of medication and per physician (or physician's assistant or nurse practitioner) office visit. The co-payment is waived for members under 21 or for those receiving physician services at Federally Qualified Health Centers or Rural Health Centers.

Each member of this benefit will receive a MaineCare card that will identify them only as a recipient of "limited benefit" MaineCare. It will be the responsibility of providers to call the Voice Response System to ensure that a member is currently eligible for the specific service that they are providing and to find out what co-payments are needed at the time of service. This is not the only group of MaineCare members who are eligible for only certain services, and points out the need for providers to contact the Voice Response System to be sure a member is eligible for the services about to be provided.

The goal of this benefit is to provide affordable access to treatment, hopefully in earlier stages of the illness, and to prevent or delay the progression of this disease. Quality measures including ER use, hospitalization, medication use and other quality measures will be evaluated.

PHARMACY NEWS

The first quarter of 2002 was relatively quiet with few changes in pharmacy benefits. The second quarter appears to be equally as tranquil. Prozac© (fluoxetine) and Glucophage© (metformin) remained covered and preferred while their new generic counterparts required Prior Authorization (PA). As more alternatives became available and competitive, the PA was lifted for the generic products in April. Prozac© 40mg, however, remains preferred over fluoxetine 40mg at this time. A cost effective alternative of two 20mg fluoxetine is optional. As new generics emerge, they will be compared to the state's net price of the brand name counterpart and either preferred or prior authorized as deemed appropriate. As new drugs come forward that are in classes of drugs that already require Prior Authorization, the new drugs are also likely to require PA. Antihistamines and NSAIDS are examples. Pharmacies are able to provide a supply of most drugs that require PA to allow time for the prescriber to provide the proper documentation of medical necessity. For more information, please see web site www.ghsinc.com/papage.html. The Pharmacy DUR Committee is working on a cardiac risk, lipid-lowering drug use, and lab testing analysis. Early results show not enough moderate to high risk patients are taking medication to lower cholesterol, and a surprisingly low number of patients are not having lab work done. More on this topic in future issues.

Case Mix/Classification Review Unit

Classification refers to the medical eligibility determinations that must be data entered into "the computer system" so that the children (in these cases) will receive and get paid for services for the various MaineCare benefits they are on. The first benefit is the entry of all Private Duty Nursing (PDN) cases. PDN is MaineCare benefit for children up to 21 years old who are receiving Home Heath Services (HH) in their home and provided by a Home Health Agency. As with many MaineCare benefits, a determination must be made that medical eligibility criteria is met. The policy for medical eligibility criteria for PDN is in the Maine Medical Assistant Manual, Chapter II, Section 96 -Private Duty Nursing. Under the PDN policy there are three levels of PDN services:

AT Risk, Nursing Facility Extended Care.

Classification Review staff's responsibilities are primarily to enter the Medical Eligibility determinations into the computer and answer billing questions for the following benefits:

Private Duty Nursing – data enter one of the three (3) levels listed above.

Venipuncture (another classification under PDN).

Nursing Facility - Only discharges and bed holds are data entered by this unit.

State owned ICF/MR (Intermediate Care Facility for Mentally Retarded). There are three (3) ICF/MR facilities.

Katie Beckett MaineCare eligibility for children up to the end of their 18th year.

Next Quarter – Case Mix and Centers for Medicare and Medicaid (CMS) formerly HCFA.

Vaccine Shortage *continued from page 1.*

TD:
wound management: people who have not received at least three doses of tetanus vaccine in the past; pregnant women who have not received tetanus vaccine within the past 10 years; people traveling to a country where the risk for diphtheria is high.

It is recommended that records should be maintained for children who experience a delay in administration of any of these vaccines so they can be recalled when the vaccine becomes available.

We understand that the vaccine supply creates additional work within your practice. However, this is not only a problem in Maine, but nationwide, and all health care providers throughout the United States are facing similar issues. Your cooperation and adherence to ACIP interim recommendations during this difficult time will help Maine children stay healthy and disease free.

If you have questions, please call Mike Wenzel at 287-3746.

Blood Lead Screening Rates

MaineCare Lead Testing rates among FP/GPs and Pediatricians, 10/01/2000 - 9/30/2001.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	John M. Van Summern	15	60.0%
2	Paul J. Davis	12	58.3%
3	Deborah A. Learson	16	56.3%
4	Anne D. Clemetson	28	53.6%
5	Christopher T. Bartlett	22	50.0%
6	Gladys M. Frye	14	50.0%
7	A. Dorney	24	50.0%
8	Eugene P. Paluso	28	50.0%
9	David M. Strassler	12	50.0%
10	Paul W. Templeton	27	48.1%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	Deborah A. Learson	12	50.0%
2	Timothy Theobald	15	46.7%
3	Gust S. Stringos	14	35.7%
4	Paul J. Davis	14	28.6%
5	Paul W. Templeton	18	27.8%
6	A. Dorney	11	27.3%
7	Rosalind R. Waldron	11	27.3%
8	Michael Lambke	15	26.7%
9	Donald G. Brushett	43	25.6%
10	Elizabeth Pierce	12	25.0%

Rank	Pediatrics	Age One	% with 1+ Test
1	Mary E. Connolly	10	80.0%
2	Amelia A. Brochu	10	80.0%
3	Lila H. Monahan	82	78.0%
4	William T. Whitney	26	76.9%
5	Colette M. Sabbagh	54	74.1%
6	Iris Silverstein	57	73.7%
7	Kathleen Hickey	72	73.6%
8	Scott J. Clough	62	71.0%
9	Norman H. Seder	41	70.7%
10	Lori R. Dechene	50	70.0%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Lila H. Monahan	58	70.7%
2	Kathleen Hickey	64	65.6%
3	John Hickey	65	61.5%
4	Iris Silverstein	53	60.4%
5	Donald R. Burgess	30	56.7%
6	Ann P. Simmons	36	52.8%
7	Norman H. Seder	22	50.0%
8	Valerie M. O'Hara	39	48.7%
9	Gautam S. S. Popli	47	46.8%
10	Kathryn S. Rutledge	37	43.2%